

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different
than previously
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

05

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	68973.96
(b) Cash on Hand at Beginning of Reporting Period	66785.15	
(c) Total Receipts (from Line 19)	67957.25	93256.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134742.40	162230.21
7. Total Disbursements (from Line 31)	5124.93	32612.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	129617.47	129617.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	64910.25	90009.25
(ii) Unitemized	3047.00	3247.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67957.25	93256.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	67957.25	93256.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	67957.25	93256.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67957.25	93256.25

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	24.93	86.75	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	24.93	86.75	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	22500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	100.00	10025.99	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5124.93	32612.74	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5124.93	32612.74	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	67957.25	93256.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67957.25	93256.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24.93	86.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.93	86.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Deborah Armstrong

Mailing Address 1412 Milstead Ave NE

City

Conyers

State

GA

Zip Code

30012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockdale Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7797

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Pam Belcher

Mailing Address 4217 Cecil Court South

City

Nashville

State

TN

Zip Code

37207

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP Org Dev & Recruiting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7794

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Bills

Mailing Address 204 Timber Ridge Dr

City

Beckley

State

WV

Zip Code

25801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raleigh General

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Don Bivacca

Mailing Address 2455 Durham Manor Dr

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

National Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7845

Amount of Each Receipt this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

Beth Blankenship

Mailing Address 8870 Big Springs Rd

City

Christiana

State

TN

Zip Code

37037

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

Legal Dept

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7752

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David C. Bowling

Mailing Address 1039 Kingman Avenue

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Ops Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7785

Amount of Each Receipt this Period

261.25

SUBTOTAL of Receipts This Page (optional)

4261.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Penny Brake

Mailing Address 1809 Mt. Zion Rd

City

Ashland City

State

TN

Zip Code

37015

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7738

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Donna S. Carter

Mailing Address 1120 Claiborne Avenue

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical CenterOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7847

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Anne Challis

Mailing Address 116 Saratoga Blvd

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint HospitalsOccupation
DCNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7807

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Gerald S. Christine

Mailing Address 13116 Peregrin Cir

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

National Div - CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7843

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Jeremy Clark

Mailing Address 484 Brentlawn Drive

City

Nashville

State

TN

Zip Code

37220

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7798

Amount of Each Receipt this Period

355.00

C.

Full Name (Last, First, Middle Initial)

Michael Clark

Mailing Address 101 Gillespie Dr

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

American Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7830

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Michael Coggin

Mailing Address 103 Powell Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
SVP, CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7719

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Rachel Coleman

Mailing Address 1031 Draughton Avenue

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
Assoc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7746

Amount of Each Receipt this Period

480.00

C.

Full Name (Last, First, Middle Initial)

David Critchlow

Mailing Address 111 Cotton Lane

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
VP Govt Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7764

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

David B. Darden

Mailing Address 131 Great View Rd

City

Cedar Bluff

State

VA

Zip Code

24609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Medical Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7755

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Daugherty

Mailing Address 126 Oak Bend Drive

City

Lafayette

State

LA

Zip Code

70506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ville Platte Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7743

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jamie Davis

Mailing Address 4000 Canterbury Drive

City

Culleoka

State

TN

Zip Code

38451

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Director Emerging Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7827

Amount of Each Receipt this Period

825.00

SUBTOTAL of Receipts This Page (optional)

2825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Jerry Dooley

Mailing Address 863 E Bunkerhill Hill Dr

City

Terre Haute

State

IN

Zip Code

47802

FEC ID number of contributing
federal political committee.

C

Name of Employer
GeorgetownOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7720

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William S. Duvall

Mailing Address 1019 Whitley Place

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.Occupation
Director Ethics & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7745

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

David Fausett

Mailing Address 6520 Chessigton Drive

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint HospitalsOccupation
VP Risk & Ins

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7806

Amount of Each Receipt this Period

825.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Richard Flores

Mailing Address 9439 Timber Ridge Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint, Hospitals, Inc.

Occupation

VP Revenue Cycle Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7796

Amount of Each Receipt this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Steve W. Frantz

Mailing Address 1919 Ashwood Avenue

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7775

Amount of Each Receipt this Period

1700.00

C.

Full Name (Last, First, Middle Initial)

George E. French, III

Mailing Address 1106 Broadway

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7739

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Nancy Godby

Mailing Address Rt 1 Box 168

City

Chapmanville

State

WV

Zip Code

25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7723

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Susan K. Goetzing

Mailing Address 4220 Windsong Drive

City

Riverton

State

WY

Zip Code

82501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverton

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7774

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Denise Hamrick

Mailing Address 804 S Jefferson St

City

Winchester

State

TN

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern TN Medical Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7831

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Scott Hankinson

Mailing Address 1628 Awalt Dr

City

Winchester

State

TN

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern TN Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7725

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Timothy Harclerode

Mailing Address 101 Fawn Circle

City

Bluefield

State

VA

Zip Code

24605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7728

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Heather Harper

Mailing Address 275 Northridge Drive

City

Pulaski

State

TN

Zip Code

38478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7730

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

William Haugh

Mailing Address 841 Hundley St

City

Martinsville

State

VA

Zip Code

24112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7837

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Diane Huggins

Mailing Address 86 Blue Ridge Trace

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
VP of Corp. Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7799

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Si Hutt

Mailing Address 3165 West 400 South

City

Vernal

State

UT

Zip Code

84078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashley Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7733

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

John Kerndl

Mailing Address 3000 Vanderbilt PI #331

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

National Div CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7761

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Klein

Mailing Address 107 Bluegrass Cove

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7763

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Joseph Koch

Mailing Address 419 Houston Oaks Dr

City

Paris

State

KY

Zip Code

40361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bourbon Community

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7776

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Neil Kunkel

Mailing Address 300 Jackson Blvd

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7828

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jeff Kurcab

Mailing Address 124 Morning Mist Dr

City

Sunset

State

LA

Zip Code

70584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acadian Medical Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7786

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Chad Labrum

Mailing Address 398 S. 3130 W.

City

Vernal

State

UT

Zip Code

84078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashley Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7732

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Kathy Lewis

Mailing Address 42 Sunny View Lane

City

Carthage

State

TN

Zip Code

37030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverview Regional

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7821

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Kevin Manis

Mailing Address 1304 Keystone Ct

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
VP Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7793

Amount of Each Receipt this Period

925.00

C.

Full Name (Last, First, Middle Initial)

Jeffery Manley

Mailing Address 2435 S 190 East

City

Price

State

UT

Zip Code

84501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castview

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7772

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 20 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Michelle Marsh

Mailing Address 232 Poteat Place

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

VP Assoc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7791

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy Matney

Mailing Address PO Box 281

City

Wilkinson

State

WV

Zip Code

25653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7722

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Meadows

Mailing Address 4712 E 250 S

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starke Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7844

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Peter M. Mulkey

Mailing Address 686 Grace Street

City

Pounding Mill

State

VA

Zip Code

24637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Medical Cen-
ter

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7789

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cindy Nichols

Mailing Address 808 Arrowhead

City

Winfield

State

AL

Zip Code

35594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7726

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Jeff Noblin

Mailing Address 419 Weakley Creek Rd

City

Lawrenceburg

State

TN

Zip Code

38464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crockett Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7838

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Thomas O'Dell

Mailing Address 1024 Cobbler Ct.

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

VP Capital Asset & Const. Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7800

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Joshua Perry

Mailing Address 7221 Hwy 70 S #634

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

Reimbursement Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7769

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Thomas Pezanosky, Jr.

Mailing Address 1192 McCoury Lane

City

Spring Hill

State

TN

Zip Code

37174

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Reimbursement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7805

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Sandra Podley

Mailing Address 8309 Fresno Way NE

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Alamos Medical Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7840

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Roxana Pool

Mailing Address 401 N. High Street

City

Winchester

State

TN

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7833

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mark Poppell

Mailing Address 1615 Championship Blvd

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7848

Amount of Each Receipt this Period

1075.00

SUBTOTAL of Receipts This Page (optional)

2825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Scott Raplee

Mailing Address 231 Lancelot Lane

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

President, Group Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7754

Amount of Each Receipt this Period

3200.00

B.

Full Name (Last, First, Middle Initial)

Michael Rosen

Mailing Address 3208 Maverick Dr

City

LHL

State

AZ

Zip Code

86404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Havas Regional

Occupation

CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7841

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Cherie Sibley

Mailing Address 3 Wilkins Road

City

Selma

State

AL

Zip Code

36701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vaughan Regional Med Ctr

Occupation

CNO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7812

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Perry Simonson

Mailing Address 103 Powell Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

Manager Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7740

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Gene Smith

Mailing Address 1098 Walnut Bend Ln

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint - American Div.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.7744

Amount of Each Receipt this Period

1700.00

C.

Full Name (Last, First, Middle Initial)

James Smolik

Mailing Address 4242 Valley Green Circle

City

Riverton

State

WY

Zip Code

82501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverton Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7773

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Christine Stewart

Mailing Address 434 Grayland

City

Russellville

State

AL

Zip Code

35653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russellville Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7756

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Jimmy Stuart

Mailing Address 829 Krisker Ave

City

Mexia

State

TX

Zip Code

76667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7824

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel Sykes

Mailing Address 2285 Mark Ct

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
COO Phys. Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7759

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

H.H. (Tom) Thompson

Mailing Address 1104 Sangar Road

City

Oak Hill

State

WV

Zip Code

25901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raleigh General

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7811

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ralph Underwood

Mailing Address 264 Cascade Drive

City

Winchester

State

TN

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerald Hodgson Hospital

Occupation
Asst. Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7832

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arunas Vanagunas

Mailing Address 890 Rodney Drive

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
Dir. Materials Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.7760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

John Walker

Mailing Address 151 Brookside Meadows

City

Chapmanville

State

WV

Zip Code

25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7724

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michelle Watson

Mailing Address 160 Green Acres

City

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livingston Regional Hospi-
tal

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

824.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7795

Amount of Each Receipt this Period

824.00

C.

Full Name (Last, First, Middle Initial)

Thomas Weiss

Mailing Address 9612 MitchellPlace

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7804

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

5824.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Penny Westmoreland

Mailing Address 114 Hickory Drive

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russellville/Lakeland

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.7727

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Jim R. Williams, Jr

Mailing Address PO Box 397

City

Minden

State

LA

Zip Code

71058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.7734

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Lisa Wooten

Mailing Address 3009 Brookfield Circle

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lifepoint Hospitals, Inc.

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7813

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Phillip Young

Mailing Address 111 Duncan

City

Winchester

State

TX

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
STMC/EHHOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	1

Transaction ID: SA11AI.7834

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

64910.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 04

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7713

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00